COMMUNICATION MEMORANDUM NO. 01-99

June 14, 1999

REFERENCE:

Mineral Mine Safety Laws of Virginia, 1998 Edition—Section 45.1-161.292:52. Reports of other accidents and injuries.

- A. Each miner employed at a mine shall promptly notify his supervisor of any injury received during the course of his employment.
- B. Each operator shall keep on file a report of each accident including any accident which does not result in a lost-time injury. Copies of such report shall be given to the person injured or to his designated representative to review the accident report and verify its accuracy prior to filing such report for the review of state or federal mine inspectors.

<u>Safety and Health Regulations for Mineral Mining 1998</u>—Section 4VAC 25-40-10—Definitions.

"Occupational injury" means any injury to a mineral which occurs at a mine for which medical treatment is administered, or which results in death or loss of consciousness, inability to perform all job duties on any day after an injury, temporary assignment to other duties, or transfer to another job as specified in the 30 CFR Part 50.2.

<u>Safety and Health Regulations for Mineral Mining 1998</u>—4VAC 25-40-50—Duties of mine operators.

Reporting of accidents and injuries by the operator:

- 1. Report any accident involving serious personal injury or death to any person on the mine property. The report shall be made to the division by the quickest available means, and the scene of the accident shall not be disturbed until an investigation is conducted by the division. For accidents where the injured person is transported to a hospital, but confinement is not expected, the operator may either preserve the scene or collect relevant physical data and photographs as specified by the division. The division shall be notified immediately upon learning that the injured person has been admitted to the hospital for medical treatment. Head injuries that result in loss of consciousness at the site shall be reported immediately.
- 2. Keep on file a report of all accidents and occupational injuries occurring on the mine property for review by the division mine inspector. Such records shall be kept for five years.

INQUIRY:

Mineral mine operators have posed questions regarding the accidents and injuries that must be reported and when and how these "other accidents and injuries" may be reported. It should be noted that this memorandum applies only to non-serious and non-fatal personal injuries. Serious and fatal personal injuries must be reported to DMM immediately by the quickest available means. Communication Memorandum 1-98 provides information on reporting serious injuries.

REVIEW:

Section 45.1-161.292:52.A requires that all employees notify their supervisor of any injury received during the course of employment.

Section 45.1-161.292:52.B requires the operator to prepare a report of injuries and make them available to state and federal mine inspectors.

4VAC 25-40-50. specifies that the injuries that must be recorded are those that are occupational inmuries, and the records must be kept for five years

4VAC 25-40-10. defines occupational injuries as injuries that require medical treatment or result in death or loss of consciousness, inability to perform job duties, or transfer to other duties or jobs. The occupational injuries that are included are the same as those reported to the federal Mine Safety and Health Administration (MSHA) under 30 CFR Part 50.

"Operators" include both licensed mine operators and independent contractors, therefore these requirements apply to both types of operators.

This memorandum does not cover the reporting of serious and fatal personal injuries.

Operators are required to submit copies of their accident reports to DMM for use in completing the annual Risk Assessment Process as outlined in Section 45.1-161.292.55.

Medical treatment criteria are not defined in the mineral mining laws or regulations. The criteria for medical treatment found in 30 CFR Part 50 may be used to determine the difference between medical treatment and first aid.

Medical treatment injuries are generally reportable to other agencies as well as DMM.

DIVISION DIRECTIVE:

Occupational injuries are reportable to DMM. Occupational injuries include those that require medical treatment. Medical treatment injuries are injuries that require some for of medical treatment beyond normal first aid. To assist in defining medical treatment injuries, the following examples may be considered. This list is not intended to be all inclusive and all medical treatment injuries, even if not on the list, must re reported.

- * Suturing or stitching of any wound.
- * Treatment of fractures by application of a splint, cast or other professional means of immobilization.
- * Treatment of an infection resulting from a work injury.
- * Treatment of a bruise by draining blood.
- * Surgical debridement or removal of foreign material and dead or contaminated tissue. Minor excision of the outer layer of skin would not be included as surgical debridement.
- * Treatment of abrasions that are greater than full skin depth; abrasions into the underlying flesh or bone.
- * Treatment of second or third degree burns.
- * Use of prescription medicines except for a single dose or application for the relief of pain.
- * Injuries that cause lost workdays due to the victim's inability to perform a job function.

Medical treatment injuries must be reported to DMM as the accident reports are completed. This represents a departure from the current practice of providing accident reports with the Permit/License Renewal.

Medical treatment accidents may be reported to DMM on any of the various forms already used by operators to report injuries to other agencies. The Mine Accident Injury and Illness Report (MSHA Form 7000-1), the Employer's First Report of Accident (VWC Form No. 3) and the DMM Accident Report (DMM-104c) are acceptable forms for reporting medical treatment injuries. An operator may choose to develop and use his own form for reporting medical treatment injuries to DMM. Such a custom form should include, at a minimum, the following information:

- * Mine company name and mining permit number.
- * If the injurid party is an employee of an independent contractor, the contract company's name, DMM contractor number, and address and telephone number.
- * The injured party's name, social security number and age.
- * The date and time of the injury.
- * The injured party's regular occupation and the years of experience at that occupation.
- * The occupation the injured party was doing at the time of the injury.
- * The injured party's years of experience with the employer.
- * The injured party's total years of mining experience.
- * Location at the mine where the injury occurred (i.e., pit 1, mine shop, plant, etc.).
- * Equipment involved in the injury.
- * Parts of the body injured (i.e., right arm, hand, head, back, etc.).
- * The number of workdays lost as a result of the injury.
- * Provide a brief description of the accident that led to the injury and describe the injury. Did an unsafe act or an unsafe condition cause the accident?

You are not required to report **first aid injuries** to DMM. First aid injuries are generally defined as injuries that require only limited nonprofessional treatment such as for minor cuts, scratches, abrasions, burns, and splinters, which do not ordinarily require medical care nor result in lost workdays.

ATTACH-MENT:

*30 CFR Part 50 Section 50.20-3

*DMM Accident Report Form (DMM-104c)

30 CFR § 50.20-3—Criteria—Differences between medical treatment and first aid.

- (a) Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part of the body, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body, treatment of second and third degree burns. Procedures, which are diagnostic in nature, are not considered by themselves to constitute medical treatments. Visits to a physician, physical examination, X-ray examinations, and hospitalization for observations, where no evidence of injury or illness is found and no medical treatment given, do not in themselves constitute medical treatment. Procedures, which are preventive in nature, also are not considered by themselves to constitute medical treatment. Tetanus and flu shots are considered preventative in nature. First aid includes any one-time treatment, and follow-up visit for the purpose of observation, of minor injuries such as cuts, scratches, first degree burns and splinters. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid.
- (1) Abrasion. (i) First aid treatment is limited to cleaning a wound, soaking, applying antiseptic and nonprescription medication and bandages on the first visit and follow-up visits limited to observation, including changing dressing and bandages. Additional cleaning and application of antiseptic constitutes first aid where it is required by work duties that soil the bandage.
- (ii) Medical treatment includes examination for removal of imbedded foreign material, multiple soakings, whirlpool treatment, treatment of infection, or other professional treatments and any treatment involving more than a minor spot-type injury. Treatment of abrasions occurring to greater than full skin depth is considered medical treatment.
- (2) Bruises. (i) First aid treatment is limited to a single soaking or application of cold compresses, and follow-up visits if they are limited only to observation.
- (ii) Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond observation.
- (3) Burns, Thermal and Chemical (resulting in destruction of tissue by direct contact). (i) First aid treatment is limited to cleaning or fleshing the surface, soaking, applying cold compresses, antiseptics or nonprescription medications, and bandaging on the first visit, and follow-up visits restricted to observation, changing bandages, or additional cleaning. Most first degree burns are emendable to first aid treatment.
- (ii) Medical treatment includes a series of treatments, including soaks, whirlpool, skin grafts, and surgical debridement (cutting away dead skin(. Most second and third degree burns require medical treatment.
- (4) Cuts and Lacerations. (i) First aid treatment is the same as for abrasions except the application of butterfly closures for cosmetic purposes only can be considered first aid.
- (ii) Medical treatment includes the application of butterfly closures for non-cosmetic purposes, sutures (stitches), surgical debridement, treatment of infection, or other professional treatment.
- (5) Eye Injuries. (i) First aid treatment is limited to irrigation, removal of foreign material not imbedded in eye, and application of nonprescription medications. A precautionary visit (special examination) to a physician is considered as first aid if treatment is limited to above items, and follow-up visits if they are limited to observation only.

- (ii) Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other professional treatment.
- (6) Inhalation of Toxic or Corrosive Gases. (i) First aid treatment is limited to removal of the miner to fresh air or the one-time administration of oxygen for several minutes.
- (ii) Medical treatment consists of any professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness.
- (7) Foreign Objects. (i) First aid treatment is limited to cleaning the wound, removing of any foreign object by tweezers or other simple techniques, application of antiseptics and nonprescription medications, and bandaging on the first visit. Follow-up visits are limited to observation, including changing of bandages. Additional cleaning and applications of antiseptic constitute first aid where it is required by work duties that soil the bandage.
- (ii) Medical treatment consists of removal of any foreign object by physician due to depth of imbedment, size or shape of object, or location of wound. Treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment, is considered medical treatment.
- (8) Sprains and Strains. (i) First aid treatment is limited to soaking, application of cold compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including reapplying bandage, are first aid.
- (ii) Medical treatment includes a series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

[42 FR 65535, Dec. 30, 1977; 43 FR 12318, Mar. 24, 1978]

For more information: See MSHA's Program Policy Manual



COMMONWEALTH OF VIRGINIA DEPARTMENT OF MINES, MINERALS AND ENERGY DIVISION OF MINERAL MINING

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ACCIDENT REPORT

Company Name		_ Permit No
Accident Date	Time	Shift
County	Telephone No	
Contractor Employee:		
Contractor Name		_ Contractor No
Address		_ Telephone No
Type:		
Name of Injured		SSN
Regular Occupation Total Experience		
Occupation at Time of Accident		
		ocessing Shop
Load out/Stockpiles	Other (specify)	· - ·
Type of Equipment Involved:		
☐ Crushing ☐ Screening ☐ Conveyors ☐ Bins/Hoppers		
☐ Walkways/Platforms/Ladders ☐ Welding/Cutting ☐ Hand tools		
Other (specify)	_ =	5 —
	Hand [
Leg Back Other (specify)		
Nature of Injury_		
Brief Description of Accident		
Preventive Measures Taken		
Treventive Measures rancin		
Mine Inspector Completing Form	Date Form Co	ompleted and Mailed
DMM-104c REV. 10/02		